



3410 Reynoldswood Dr., Tampa, FL 33618 | stracke@Likeatures.com

Groom Information Form:

Client Name: _____
Phone: _____
Cell: _____
Email: _____
Date the cake topper is needed: _____
Actual Wedding date: _____

Billing Address: _____

Mailing Address (if different than above): _____

GROOM

Name: _____
Height: _____
Hair Color: _____
Eye Color: _____
Facial Hair: _____
Tux/Suit Description (photos are required to depict actual tux/suit, if desired): _____

Shirt: _____
Tie: _____
Vest: _____
Shoes: _____
Jewelry/Cufflinks: _____

Handkerchief/Boutonniere (photos are required to depict actual boutonniere, if desired): _____

Physical features emphasized: _____

Physical features downplayed: _____

Additional accessories/props (additional charges may apply): _____

Description of Pose: _____

Date, Names, Props for the base: _____

Special Instructions: _____
